

13281 U.S. PTO
011604

PTO/SB/05 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032
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| UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small> | | Attorney Docket No. M4065.0546/P546-A | |
| | | First Inventor Ebrahim Abedifard | |
| | | Title FLASH MEMORY DEVICE WITH DISTRIBUTED COUPLING BETWEEN ARRAY GROUND AND SUBSTRATE | |
| | | Express Mail Label No. | |

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| APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small> | ADDRESS TO: MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 |
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| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small> 2. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small> 3. <input checked="" type="checkbox"/> Specification [Total Pages 23] <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 8] 5. Oath or Declaration [Total Sheets 3] a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small> 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies ACCOMPANYING APPLICATION PARTS 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input checked="" type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input checked="" type="checkbox"/> Other: Submission of Formal Drawings; Formal Drawings (8 sheets; figures 1-8). |
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18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: 10/225,130

Prior application information: Examiner D. Lam Art Unit: 2818

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

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|------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------------|--|
| 19. CORRESPONDENCE ADDRESS | | | |
| <input checked="" type="checkbox"/> Customer Number: <u>24998</u> | | OR <input type="checkbox"/> Correspondence address below | |
| Name: DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP Thomas J. D'Amico | | | |
| Address: 2101 L Street NW | | | |
| City: Washington | State: DC | Zip Code: 20037-1526 | |
| Country: US | Telephone: (202) 785-9700 | Fax: (202) 887-0689 | |

| | | | |
|-------------------|--------------------------------------|-----------------------------------|--------------------|
| Name (Print/Type) | Thomas J. D'Amico Michael Bergman | Registration No. (Attorney/Agent) | 28,371 42,318 |
| Signature | | Date | 16 JAN 2004 |

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| FEE TRANSMITTAL for FY 2004 | | | | Complete if Known | |
|--------------------------------------------------------------------------------|--|------|--|----------------------|-----------------------|
| Effective 10/01/2003, Patent fees are subject to annual revision. | | | | Application Number | Not Yet Assigned |
| | | | | Filing Date | Concurrently Herewith |
| | | | | First Named Inventor | Ebrahim Abedifard |
| | | | | Examiner Name | Not Yet Assigned |
| | | | | Art Unit | N/A |
| | | | | Attorney Docket No. | M4065.0546/P546-A |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | | | | |
| TOTAL AMOUNT OF PAYMENT | | (\$) | | 770.00 | |

| METHOD OF PAYMENT (check all that apply) | | FEE CALCULATION (continued) | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------|-----------------------------------|------------------------------------------------------------|----------|
| <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None | | 3. ADDITIONAL FEES | | | |
| <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 04-1073 Deposit Account Name: Dickstein Shapiro Morin & Oshinsky LLP The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. | | | | | |
| FEE CALCULATION | | | | | |
| 1. BASIC FILING FEE | | | | | |
| Large Entity | Small Entity | | | | |
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description | Fee Paid |
| 1001 | 770 | 2001 | 385 | Utility filing fee | 770.00 |
| 1002 | 340 | 2002 | 170 | Design filing fee | |
| 1003 | 530 | 2003 | 265 | Plant filing fee | |
| 1004 | 770 | 2004 | 385 | Reissue filing fee | |
| 1005 | 160 | 2005 | 80 | Provisional filing fee | |
| SUBTOTAL (1) | | (\$) | | 770.00 | |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE | | | | | |
| Total Claims | | -20** = | | Extra Claims Fee from below | |
| Independent Claims | | -3** = | | Fee Paid | |
| Multiple Dependent | | | | | |
| Large Entity | Small Entity | | | | |
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description | |
| 1202 | 18 | 2202 | 9 | Claims in excess of 20 | |
| 1201 | 86 | 2201 | 43 | Independent claims in excess of 3 | |
| 1203 | 290 | 2203 | 145 | Multiple dependent claim, if not paid | |
| 1204 | 86 | 2204 | 43 | ** Reissue independent claims over original patent | |
| 1205 | 18 | 2205 | 9 | ** Reissue claims in excess of 20 and over original patent | |
| SUBTOTAL (2) | | (\$) | | 0.00 | |
| **or number previously paid, if greater; For Reissues, see above | | | | | |
| SUBMITTED BY | | (Complete if applicable) | | | |
| Name (Print/Type) | Thomas J. D'Amico Michael Bergman | | Registration No. (Attorney/Agent) | 28,371 42,318 | |
| Signature | | | Telephone | (202) 828-2232 | |
| | | | Date | 16 JAN 2004 | |